MEDICARE PLATINO CONTRACT

APPENDIX C (6) (22)

CO-PAYMENTS CERTIFICATION





Certification

Buy Down & Copayment Table - Medicare Platino 2022

I, <u>Luis A. Torres Olivera</u>, <u>President</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2022 products:

Product Number	Buy down
H4007-016	\$20

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico, Inc.</u> establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2022.





Service		Coverag	ge Code	H4007-016				
	100	110	120	130	100	110	120	130
HOSPITAL								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO				in .				
Primary Care Physician (PCP)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES	T -	1 7 7	1 7 7			, ,	T	7.5
High-Tech Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0
X-Rays**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Service								
	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy – Physical	\$0 \$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0 \$0
Therapy – Respiratory Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0 \$0
Vaccines	\$0 \$0	\$0	\$1.50	\$0	\$0	\$0	\$0	\$0
	\$0	\$0	\$0	\$0 \$0	\$0	\$0	\$0	\$0
Healthy Child Care DENTAL	ŞU	\$0	\$0	ŞU	ŞU	Şυ	ŞU	ŞU
	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Child) Preventive (Adult)	\$0 \$0	\$1	\$1.50	\$0	\$0	\$0	\$0	\$0 \$0
Restorative	\$0 \$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0 \$0
	Ų	31	\$1.30	ېد ا	ŞU	ŞU	30	ŞU
PHARMACY								
Tier 1 Preferred					-		44	20
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****					\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics		DHIMIST	MACIO		60	ćo.	60	An
Generic (Children 0-20)	- /	0	12		\$0	\$0	\$0	\$0
Generic (Adult)****		2 gottage	omer:	1	\$0	\$0	\$0	\$0
Tier 3 Preferred Brand			n o i	1	ćo	ćo	ċo.	dia.
Brand (Children 0-20)	10		10	/	\$0	\$0	\$0	\$0
Brand (Adult)****	-	0	/3	/	\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand		000	500		Ċ0	ĊO	ĊO	40
Brand (Children 0-20)		Preu	THE WHEN		\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Tier 5 Specialty			-		\$0	\$0	\$0	\$0
Ver 6 Select Care Drugs					\$0	\$0	\$0	\$

SERVICES								
Outpatient Substance Abuse	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

¹Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions.

Notes:

- * NO apply to Medicare Platino.
- ** Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.
- *** Copays apply to each drug included in the same prescription pad.
- **** Co-pays for children 0-20 years of age are not applicable for Medicaid, Commonwealth* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program* in group ages 0-20.
 - 1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code:
 - Children from 0 to less than 21 years of age (0-20 years, inclusive)
 - Pregnant woman (during pregnancy and the 60-day post-partum period);
 - American Indians and Alaskan Natives (AI/AN)
 - Institutionalized Individuals; and
 - Individuals receiving hospice care.
 - 2. Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the following services:
 - Emergency services, including ambulatory, hospital and post-stabilization services as idefined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
 - · Family planning services and supplies;
 - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
 - Pregnancy related services and counseling and drugs for cessation of tobacco use;
 - Provider-preventable services as defined in 42 CFR 447.26(b);
 - 3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.
 - 4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.
 - 5. Wrap around table is subject to change in 01/01/2022.



Date

1







Certification

Buy Down & Copayment Table - Medicare Platino 2022

I, <u>Luis A. Torres Olivera</u>, <u>President</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2022 products:

Product Number	Buy down
H4007-018	\$65

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico, Inc.</u> establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2022.





Service		Covera	ge Code		H4007-018			
	100	110	120	130	100	110	120	13
HOSPITAL								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$1
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$1
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	St
AMBULATORY VISITS TO		-						
Primary Care Physician (PCP)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$
Sub-Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
OTHER SERVICES	Ų.	ΨŪ	1 40	70	70	70	7	
High-Tech Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$
Clinical Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$
X-Rays**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$
Special Diagnostic Tests**	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$
Service		1		-				
Therapy – Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$
Therapy – Respiratory	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$
Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
DENTAL	ΨU	70	\$0	70	70	70	Ş.C	Y
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$
Preventive (Adult)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$
Restorative	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$
PHARMACY	70	71	71.50	7-	75	ΨŪ	70	
Tier 1 Preferred			+					-
Generic (Children 0-20)					\$0	\$0	so	\$
Generic (Adult)****					\$0	\$0	\$0	\$
Tier 2 Non-Preferred Generics			107		.50	50	50	- 7
Generic (Children 0-20)		SIMIS	RAC/ON		\$0	\$0	\$0	\$
Generic (Adult)****		2	130	N .	\$0	\$0	\$0	\$
Tier 3 Preferred Brand	- 1	Contra	Número	4	100	- (A)	200	1
Brand (Children 0-20)		62 -	0 0 1		\$0	\$0	\$0	\$
Brand (Adult)****	1	m	1	1	\$0	\$0	\$0	\$
Tier 4 Non-Preferred Brand	-	0/	DESE	/	- Table	- Tools	3.000	-
Brand (Children 0-20)		08	DEST		\$0	\$0	\$0	\$
Brand (Adult)****					\$0	\$0	\$0	ç
Tier 5 Specialty					\$0	\$0	\$0	\$
Tier 6 Select Care Drugs					\$0	\$0	\$0	\$

SERVICES								
Outpatient Substance Abuse	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Special Coverage	\$0	-\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

¹Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions.

Notes:

- * NO apply to Medicare Platino.
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 - 5. Wrap around table is subject to change in 01/01/2022.







Date









Certification

Buy Down & Copayment Table - Medicare Platino 2022

I, <u>Luis A. Torres Olivera</u>, <u>President</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2022 products:

Product Number	Buy down
H4007-019	\$100

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico, Inc.</u> establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2022.





Service		Covera	ge Code	H4007-019				
	100	110	120	130	100	110	120	130
HOSPITAL								
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)			0	· · · · · ·				
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency Room, (per visit)	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Freestanding Emergency Room, (per visit)	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO	, , , ,	1 75	1 75	7.	7.			-
Primary Care Physician (PCP)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES	γU	γo	70	70	ÇÜ	ΨŪ	70	70
High-Tech Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0
Clinical Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0
X-Rays**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Service		Y	72.00	Ψ-	Ψ-	ų,	Ţ,	7.5
	40	44		42	40	¢0	60	ćo
Therapy – Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
DENTAL	40	40	60	t o	d o	t o	ćo.	ćo
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0	\$1	\$1.50	\$2	\$0 \$0	\$0	\$0	\$0
Restorative	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
PHARMACY			_					
Tier 1 Preferred					PATER	12000	1752	775
Generic (Children 0-20)					\$0	\$0	\$0	\$0
Generic (Adult)****		1978	AC/O		\$0	\$0	\$0	\$0
Tier 2 Non-Preferred Generics		SMINISTE SMINISTE	N.			100	762	- 15
Generic (Children 0-20)		5/	Tr. m	d	\$0	\$0	\$0	\$0
Generic (Adult)****		Contrate	Namero	1	\$0	\$0	\$0	\$0
Tier 3 Preferred Brand		22	001	1	/4.5	(Oddor)	4.5	100
Brand (Children 0-20)	/	in	13	1	\$0	\$0	\$0	\$0
Brand (Adult)****	- 8	RO	DESP		\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand		RO	SDE		4 =	4.5	4	
Brand (Children 0-20)		1	17-21		\$0	\$0	\$0	\$0
Brand (Adult)****					\$0	\$0	\$0	\$0
Ter 5 Specialty					\$0	\$0	\$0	\$0
Ter 6 Select Care Drugs					\$0	\$0	\$0	\$0

SERVICES								
Outpatient Substance Abuse	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

¹Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions.

Notes:

- * NO apply to Medicare Platino.
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- *** Copays apply to each drug included in the same prescription pad.
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 - Pregnant woman (during pregnancy and the 60-day post-partum period);
 - American Indians and Alaskan Natives (AI/AN)
 - Institutionalized Individuals; and
 - Individuals receiving hospice care.
 - 2. Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the following services:
 - Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
 - · Family planning services and supplies;
 - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
 - Pregnancy related services and counseling and drugs for cessation of tobacco use;
 - Provider-preventable services as defined in 42 CFR 447.26(b);
 - 3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.
 - 4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.
 - 5. Wrap around table is subject to change in 01/01/2022.







6/8/3031 Date







Certification

Buy Down & Copayment Table - Medicare Platino 2022

I, <u>Luis A. Torres Olivera</u>, <u>President</u>, hereby certify that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> will offer the following buy downs for each of the Medicare Platino 2022 products:

Product Number	Buy down
H4007-022	\$148.50

In addition, I certify that the copays that <u>Humana Health Plans of Puerto Rico</u>, <u>Inc.</u> establish will not exceed those established by ASES as contained in the following table. The company must present a copay table for each Platino Product 2022.





Service		Covera	ge Code	H4007-022				
	100	110	120	130	100	110	120	130
HOSPITAL						-		
Admission	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Nursery	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
EMERGENCY ROOM (ER)								
Emergency Room (ER) Visit	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Non-Emergency Services Provided in a Hospital Emergency	\$0	\$4	\$5	\$8	\$0	\$0	\$0	\$0
Room, (per visit) Non-Emergency Services Provided in a Freestanding	\$0	\$2	\$3	\$4	\$0	\$0	\$0	\$0
Emergency Room, (per visit)								
Trauma	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
AMBULATORY VISITS TO								
Primary Care Physician (PCP)	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Sub-Specialist	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$(
Pre-natal Services	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
OTHER SERVICES				-				
High-Tech Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$(
Clinical Laboratories**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0
X-Rays**	\$0	50¢	\$1	\$1.50	\$0	\$0	\$0	\$0
Special Diagnostic Tests**	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Service						•		
Therapy – Physical	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Therapy – Respiratory	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$(
Therapy - Occupational	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$(
Vaccines	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$(
Healthy Child Care	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$(
DENTAL DENTAL	γU	70	70) JU	, O	JU	Ų	۰۰۰
Preventive (Child)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Preventive (Adult)	\$0 \$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$(
Restorative	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$1
	ψŪ	λī	05.1ډ	عد	ŞU	50	30	اد
PHARMACY		-				-		-
Tier 1 Preferred					ćo	ćo	¢0	4
Generic (Children 0-20)					\$0 ¢0	\$0	\$0	\$1
Generic (Adult)****					\$0	\$0	\$0	\$(
Tier 2 Non-Preferred Generics		SHINIS	RAC		40	co	ć o	Α.
Generic (Children 0-20)		(A)	0,		\$0	\$0	\$0	\$(
Generic (Adult)****	- /	7/2	15	1	\$0	\$0	\$0	\$(
Tier 3 Preferred Brand	- 1	Contra	Núm oro		ćn.	1676	35.00	۸.
Brand (Children 0-20)		22	001	1	\$0	\$0	\$0	\$(
Brand (Adult)****	-1		15	1	\$0	\$0	\$0	\$0
Tier 4 Non-Preferred Brand		(a)	L/W	/	4 =	4.5	4 =	
Brand (Children 0-20)		PO	FIEST		\$0	\$0	\$0	\$(
Brand (Adult)****		1286	in the parties of the second		\$0	\$0	\$0	\$(
Tier 5 Specialty					\$0	\$0	\$0	\$(
Ver 6 Select Care Drugs					\$0	\$0	\$0	\$(

SERVICES								
Outpatient Substance Abuse	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Mental Health	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Vision Services	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Hearing Exams	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Physical Exam	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Ambulatory Surgery	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Special Coverage	\$0	\$1	\$1.50	\$2	\$0	\$0	\$0	\$0
Outpatient Substance Abuse (Pharmacy)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0

¹Medicare Platino cannot establish copayments higher than the ones specified in the Wrap Around table. Platino wrap services are subject to the maximum co-payments in the table with exemptions.

Notes:

- * NO apply to Medicare Platino.
- ** Apply to diagnostic tests only. Copays do not apply to tests required as part of a preventive service.
- *** Copays apply to each drug included in the same prescription pad.
- **** Co-pays for children 0-20 years of age are not applicable for Medicaid, Commonwealth* medically indigent eligible, and for children 0-20 enrolled in the CHIP Program* in group ages 0-20.
 - 1. The following Medicaid/CHIP Beneficiaries* are exempt of copays independent of their coverage code:
 - Children from 0 to less than 21 years of age (0-20 years, inclusive)
 - Pregnant woman (during pregnancy and the 60-day post-partum period);
 - American Indians and Alaskan Natives (AI/AN)
 - · Institutionalized Individuals; and
 - Individuals receiving hospice care.
 - 2. Medicaid/CHIP* Beneficiaries are exempt of copays when receiving any of the following services:
 - Emergency services, including ambulatory, hospital and post-stabilization services as defined in federal regulations 1932(b)(2) of the Act and 42 CFR 438.114(a);
 - Family planning services and supplies;
 - Preventative services provided to children less than 18 years of age (0-17 years, inclusive)
 - Pregnancy related services and counseling and drugs for cessation of tobacco use;
 - Provider-preventable services as defined in 42 CFR 447.26(b);
 - 3. No copay for services provided by a Preferred Network Participating Provider. Pharmacies and dentists are not part of the Preferred Provider Network.
 - 4. Non-emergency visit to a hospital emergency room may be waived by calling the MCO call center and receiving a code to waiver co-pay.
 - 5. Wrap around table is subject to change in 01/01/2022.



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6/8/2021 Date



